



## CHILDREN'S HOSPITAL AND REGIONAL MEDICAL CENTER MAJOR INSTITUTIONS CITIZENS ADVISORY COMMITTEE

Children's Hospital and Regional Medical Center Major Institutions Citizens Advisory Committee

### DRAFT MEETING NOTES

#### Meeting #3

#### Tuesday, October 30, 2007

University of Washington Center for Urban Horticulture (CUH)  
Northwest Horticultural Society Hall (NHS Hall)  
3501 NE 41st Street  
Seattle, WA 98105

#### Members

Cheryl Kitchin  
Delores Prichard  
Myriam Muller  
Kim O Dales  
Kathleen Sabo  
Doug Hanafin  
Catherine Hennings  
Dr. Gina Trask  
Karen Wolf  
Michael S Omura  
Wendy Paul  
Yvette Moy  
Robert Rosencrantz  
Bob Lucas  
Cathy Higgins

#### **Members/Alternates Present**

Cheryl Kitchin	Myriam Muller	Christine Barrett
Dr. Gina Trask	Karen Wolf	Michael S Omura
Wendy Paul	Yvette Moy	Robert Rosencrantz
Bob Lucas	Cathy Higgins	Kim O Dales
Kathleen Sabo	Shelley Hartnett	Delores Prichard
Theresa Doherty		

#### **Members Absent (Excused)**

Doug Hanafin                          Catherine Hennings

#### **Members Absent (Unexcused)**

#### **Ex Officio Members Present**

Steve Sheppard – DON                          Scott Ringgold - DPD                          Ruth Benfield - CHRMC

#### **Others Present (Staff and Guests)**

See Attached Attendance Sheets

#### **I. Welcome and Introductions**

The meeting was opened at 6:05 by Karen Wolf, CAC, Chairperson. Ms. Wolf noted that this was the third formal Committee meeting since the CAC was appointed by City of Seattle. She noted that the meeting would be structured differently than the previous meetings. Initial public comments would be taken for twenty minutes, followed by Committee business. At the conclusion of the Committee business, additional public comments would be taken for at least half an hour. She asked that people try to keep comments reasonably brief in order to allow as many as possible to address their comments and concerns t the Committee.

Introductions of Committee Members followed.

#### **II. Initial Public Comments**

**Comments of Christine Goodwin** – Ms. Goodwin thanked Children's for all its help to families over the years; Children as a group are marginalized, as are elderly and those who live in affordable housing, such as Laurelton Terrace Apartments. None-the-less she stated that she was concerned with the scale of the



development proposed. She urged Children's to consider the use of satellite campuses or clinics as an alternative to such large expansion in the immediate Laurelhurst area. She specifically noted that it is important to consider the impact of proposed development on the Laurelon Terrace area so that area remains pedestrian friendly

**Comments of Michael Pearlman** – Mr. Perlman referred the Committee to his written comments. He stated that twenty years of construction would be damaging, especially to parents of children at the hospital: the dirt, dust, noise and increased traffic would negatively impact patients and staff. The construction costs would be better spent on other expenses. He said that staff indicated that they would approve of another plan if another site could be found.

**Comments of Gisela Schimmelbusch** – Ms. Schimmelbusch stated that she has been concerned with issues related to the proposed Children's expansion since May. She asked Children's to not turn on Laurelon Terrace residents and encouraged Children's to search for an alternative site, perhaps in the South Lake Union area. She stated that everyone wants them to have world-class facilities but not the large scale construction that would accompany this project. She asked them to pursue another option.

**Comments of Patricia McElveen** - Ms. McElveen noted that much of Children's space is currently leased to the University of Washington. She asked how much of the new space would similarly be leased. She also asked Children's to explain why there is a discrepancy in the number of beds proposed in the new expansion and the most recent 2002 Certificate of Need issued by the Washington State Department of Health.

**Comments of Colleen McAloon:** Ms. McAloon asked for clarification on number of beds at Children's currently and the proposed number. She noted that it appears that Children's currently has 250 beds, and that according to their Certificate of Need, they will need 350 beds by 2020. Given this she asked why their proposal is for 600 beds. She said the scope of the project is out of scale to the surrounding area.

**Comments of Roger Hemer** – Mr. Hemer addressed his comments to DPD. He said if the proposal is out of scale, and the CAC is only allowed to challenge some small portions of the plan, he asked how they should interpret the SEPA requirement. Should they take it at face-value or simply state that it is so far out of scale that it does not warrant such action (SEPA REVIEW) by DPD.

**Comments of Judith Platt** – Ms. Platt asked why DPD doesn't simply keep the zoning single family, instead of allowing the proposed 240' tower. She stated that the neighborhood is a "destination" neighborhood, but she believes the increase in traffic and the introduction of the 240 foot towers would ruin this.

**Comments of Ginny Sherrow** - Ms. Sherrow asked Steve Sheppard for clarification concerning the purpose of MIMP. She observed that the hospital is not allowed to build up, only "out", but this CAC was formed to allow for more height. She asked the purpose of this process since it seems Children's is proposing to both build up and expand into the surrounding neighborhood.

**Comments of Ann Levitt** – Ms. Levitt noted that she has been neighborhood resident for 16 years and noted that most voices at this meeting are opposed to Children's expansion. Ms. Levitt stated that she feels lucky that Children's Hospital is located in this neighborhood and does not oppose this thoughtful expansion. She further stated that she knows other neighbors who agree with her.

### **III. Continued Discussion of the LCC Proposal and Revised Alternatives for Inclusion in the EIS.**

- A. Brief Discussion of Need Calculations** - Ruth Benfield, Vice President of Facilities and Psycho-social Services at Children's, was recognized to provide an overview of Children's Hospital and Regional Medical Centers (CHRCM) continued work and responses to questions raised at the last meeting. Ms. Benfield noted that the architects have worked hard to revise the CHRCM proposal to

incorporate both the CAC's concerns and concerns expressed by the City of Seattle Department of Planning and Development (DPD), while still meeting Children's needs.

Ms. Benfield noted that questions continue to be raised concerning the determination of the number of beds needed over the life of the new proposed plan and that the discrepancy between CHRC's calculations and the State Department of Health Certificate of Need calculations continued to be the focus of comments by several people. Ms. Benfield noted that the projections were done by Children's in response to projected growth rates and present occupancy rates. She noted that prior to the opening of recent buildings, CHRC had been beyond capacity. CHRC occupancy continues to "move in that direction." CHRC presently is operating at about a 75% occupancy rate. In addition, CHRC would like to eliminate double rooms and go to all single rooms.

Ms. Benfield noted that children tend to get sick quickly and 60% of their cases are unscheduled so their occupancy is unpredictable. If Children's were to operate as if it only had single rooms now we currently reach 94% average occupancy. In addition, CHRC has so many specializations on site that they cannot simply admit a child to any ward where there might be a bed available. Instead they must be accommodated in the unit where they are receiving the specialty care. Given all of this, CHRC projects a 3.1-3.5% annual growth in patient days which leads to a need for 600 beds over the next 20 year timeframe.

- B. Discussion of Possible Additional EIS Alternatives** - Ms. Benfield then stated that CHRC is in the process of trying to respond to the comments received concerning the scope of the EIS and particularly to the recommendations of DPD concerning development of additional alternatives. She introduced Mr. Sonnenberg, project architect with ZGF Architects, to briefly present the alternative design plans that are being developed in response to comments made at the CAC meetings and from DPD. Mr. Sonnenberg noted that there are now three additional alternatives plus the no action alternative that are being developed. First of all, CHRC will continue to include a No Build or No Action Alternative. This will continue to include only that development previously approved as part of the current Master Plan. That includes the new Emergency Department as previously approved. This design will have 250 beds in 200 rooms with "wedding cake" heights surrounding the tallest 90' building. He said this plan would not meet Children's qualitative and quantitative needs.

Alternative two (presented at the last meeting) would have four nursing units with a total of 600 beds. All of the buildings would be south of Penny Drive. The maximum height designation of the MIO would be 240', with 50' for structures north of Penny Drive and 90' in the middle. He said the heights on the east side of campus would be 150' above grade. This would allow 100% of Children's program goal and have a 120' building on the site with the current Hartmann Building.

A new Alternative three is being considered. This alternative reduces the maximum height and spreads development out somewhat and still includes redevelopment of the Hartmann building. It achieves the overall level of development needed by CHRC. Under this alternative, the maximum height of the MIO would be reduced from 240 feet to 160 feet. Higher development would continue to be located south of Penny Drive. In that area, this alternative would include a reduction of a height of 105 feet on the east side of the campus, 160 feet on the west. North of Penny Drive the height would be increased from 37 feet to 50 feet. Mr. Sonnenberg presented a graph of the new 160' heights on the hillside and one of the garage height changes.

Mr. Sonnenberg reported that DPD's Scoping Letter requested that CHRC include an alternative that considers possible expansion of its boundaries. Consequently, CHRC has developed a new alternative that includes possible future expansion to Laurelton Terrace Apartments. This would only be considered if Laurelton Terrace were to become available at some point in the future. Mr.

Sonnenberg said they could reconfigure the parking structures and perhaps this would eliminate the need for a third entry.

Mr. Ringgold stated that the inclusion of this alternative is in response to DPD suggestions and was not originally proposed by CHRC. The DPD goal is to have a series of alternatives that can provide a wider range of options for analysis. Expansion is not the final goal, but it would help give "specifics" to this "amorphous review". He confirmed that DPD had asked Children's to include Laurel Terrace in expansion proposals. Although he was briefed on these new proposals recently, this is relatively new information to him as well.

Mr. Sonnenberg noted that there may be other alternatives that spread development even more broadly, with reduced height along 45th Street. One such alternative might increase the heights north of Penny Drive to 90', but this would have clinical disadvantages because some beds would move north of Penny Drive, farther from the Emergency Department. He showed a graphic of the heights on the north campus as 37', 50' and 90', which he stated would block some of the neighbors' views.

**C. Committee Member's Questions Concerning the Possible New Alternatives -**

Christine Barrett asked why none of the alternatives presented go below ground. Mr. Sonnenberg said all the alternatives have the first floor of the hospital underground and parking will be seven stories below grade.

Cheryl Kitchin asked: 1) how far north Penny Drive would shift in these proposals; and 2) if any of their alternative proposals would have a reduced number of entrances. Mr. Sonnenberg said that Penny Drive would shift 100 feet north on the eastside of the campus in all of the alternatives and that the EIS report will include a traffic component that will discuss having a different number of entrances. He said the proposal that expands into Laurel Terrace may eliminate the need for an entrance from 45th.

Doug Hanafin asked how tall the proposed buildings on the Laurel Terrace site would be. Mr. Sonnenberg responded that they could be up to 160 feet.

Myriam Muller asked what the elevation would be on 46th St. Mr. Sonnenberg said it would be 105'. She asked their timeframe for purchasing Laurel Terrace. Ms. Benfield responded they do not have a timeframe as Children's has not initiated the purchase of units. However, she said some Laurel Terrace residents interested in selling their units have been in touch with Children's land use attorney.

A member of the public asked if the proposed alternatives would be made available to the public. Mr. Sonnenberg said they would be posted to their Web site tomorrow.

Regarding Alternative three, Robert Rosencrantz asked if the 160' height was reduced to 105' how this would affect the total square footage of the development. Mr. Sonnenberg said this would reduce the size by approximately four floors and 130 beds.

**D. Committee Questions for Carol Eychaner, Land Use planner who presented Laurelhurst Community Club's design alternatives at the previous meeting.**

Myriam Muller asked Ms. Eychaner for additional information concerning the possible reason why there might be a discrepancy in the number of beds proposed by Children's and the number in the

Certificate of Need issued by Department of Health in 2002. She asked if Children's must abide by DOH's Certificate of Need. Ms. Eychaner responded that CHRCM must get approval from DOH before adding more beds. CHRCM can initiate the Certificate of Need process now or simply do the 12-step methodology themselves to determine their actual need. She noted that the needs of a hospital do change over time, but in general, according to DOH staff, the bed use rate has generally decreased recently, perhaps because people are healthier and get released earlier.

Myriam Muller asked why they have to review these plans when there is no Certificate of Need to support Children's request for 600 beds. Ms. Benfield responded that the Certificate of Need process requires a two year interval between application and construction and she said their Certificate of Need would be out of date by 2020. Ms. Eychaner responded that she was told by DOH staff that they could give a letter of intent for Children's Certificate of Need for an early application before the SEPA review, then issue a Certificate of Need for the two-year process.

Kim Dales asked if the Certificate of Need process takes into account all hospitals in the region or simply bed needs at Children's. Carol Eychaner responded that the Certificate of Need process takes into account state wide populations trends, bed usage rates and hospitals in Children's planning area and the region it serves, which are counties east of the Cascades and including Pierce County north to Whatcom County.

Myriam Muller asked for a comparison of other MIMP's that may be analogous to Children's. Ms. Eychaner said there are twelve other major institutions in Seattle plus UW, similarly located in primarily residential settings. Five other of these institutions are located on Capitol Hill and First Hill, urban villages, and three of these have 240' heights. She said of the other institutions, Seattle Pacific University, Group Health, North Seattle Community College, Swedish Hospital at Cherry Street and Northwest Hospital, the tallest is 105'. In the area around Laurelhurst, the tallest structures are Husky Stadium and some dormitories on the University of Washington campus.

Dr. Gina Trask asked for clarification as to why Children's is expanding beyond its boundaries. She thought this was not allowed. Mr. Sheppard responded that the code does allow for expansion through revisions to the boundaries of the overlay district. He noted that these boundaries are established through this planning process. Boundary expansion, while clearly allowed, is generally considered as a last resort of sorts. He further noted that Children's, or any other institution, is allowed to purchase properties outside of its campus boundary, but can only use property outside of that boundary as allowed by the properties' underlying zoning.

Mr. Rosencrantz asked if there was any relationship between CHRCM expansion plan and that of Swedish on the Eastside. Ms. Benfield responded that CHRCM objected to the number of beds requested by Swedish for its proposed Eastside facility because they had questions with the methodology used. Children's believes that complex pediatric care belongs in a pediatric setting.

#### **IV. Emergency Room Construction**

*Editor's Note: Much of this presentation consisted of presentation of plans sections and elevations and is not easily represented in this narrative.*

Mr. Dave Neal, architect for CHRCM, was introduced to go over the status of the design for the new Emergency Department (ED). Mr. Neal noted that the expansion of the ED was approved under the last MIMP. CHRCM will submit a Master Use Permit (MUP) Application in the first quarter of 2008. He showed an aerial photograph of the site. The new ED building will be built over the loading dock entrance and the first floor will be lower than the existing ER so the ambulances can access the ED entrance off Penny Drive. There will be new valet parking for the ED next to the temporary loading dock and Penny Drive will be

relocated to accommodate this; also, one temporary building north of Penny Drive will be removed and one reduced in size. The helistop will be relocated down the hill to give more access to the ED. Mr. Neal also showed a proposed design for the campus during construction. He noted that Penny Drive will be realigned, the helistop located east of the construction zone, a new temporary ED entrance to existing ED constructed and a portion of the existing temporary buildings removed. He showed a rendering of the MIO of 70', 90' and 37' heights.

CAC members asked if the extra footing for the ED, seen in the rendering would be engineered to support the 240' tower above and if the helistop would be elevated. Mr. Neal responded that the footings would be sized to support the addition of development above but that the helistop would be at grade.

Mr. Rosencrantz asked how the engineering of the footings for a 90' tower versus a 240' might differ. Mr. Neil said Alternative two would have a slight adjustment in the below grade structure that each allows for sufficient flexibility to accommodate either future direction. Mr. Neal further stated that CHRCM will apply for a MUP in the first quarter of 2008 and construct and occupy the building by the latter part of 2009.

Michael Pearlman asked whether this development is authorized under the current Master Plan. Mr. Neal said there is currently 71,000 square feet available under the current Master Plan and that this development will utilize approximately 60,000 sq. ft. of that remaining amount

Mr. Sheppard stated that this is an early presentation of the project. More detailed drawings will be developed for this project and they will apply for a MUP and conduct an Environmental Review. He noted the CAC will have an opportunity to make comments during the EIS comment periods.

## **V. New Business:**

### **A. Walking Tour**

Myriam Muller and Christine Barrett distributed a proposed itinerary for the CAC's neighborhood walking tour. Mr. Rosencrantz said this tour could take longer than the proposed 70 minutes. He also suggested it be opened up to the public as well so the Committee could get the benefit of their feedback along the tour.

Doug Hanafin encouraged the CAC members to stand in the middle of the park and image a 240' tower nearby so that they could get the full impact of its height. He said he was curious whether it would be visible from Husky Stadium.

Ms. Barrett stated that she can provide photographs looking in the direction of the proposed building site taken from the overpass by the school, Myriam Muller's deck, Sandpoint Way and from Laurelon Terrace by 45th Street.

The Committee decided to meet Sunday November 18, 2007 at 1pm at the entrance of the Giraffe Garage.

### **B. Property Acquisition**

Steve Sheppard noted that there have been some rumors circulating concerning possible CHRCM interest in property acquisition in the surrounding neighborhood. He asked Ruth Benfield to clarify this issue.

Ms. Benfield stated that there have been rumors that Children's is interested in: 1) purchasing the Talaris Conference Center; 2) purchasing adjacent homes; and 3) purchasing Laurelon Terrace. Regarding Talaris, Ms Benfield explained that this rumor is not true. Talaris cannot be purchased for major

institution use by any major institution under conditions of an agreement that was reached previously known as the "Settlement Agreement".

Concerning purchase of individual homes and Laurel Terrace, Ms Benfield stated that CHRM C has made offers to purchase surrounding homes when property owners have expressed concern over potential future construction. These homes could be used by CHRM C to house faculty and staff. The same is true for Laurel Terrace Apartments. Ms. Benfield noted that some residents of Laurel Terrace have expressed concern that CHRM C's development plans could affect the value of their condominiums so CHRM C has offered to purchase their condominiums as a mitigation strategy. Some residents have approached Children's for that purpose. She also noted that CHRM C will respect any residents' desire to stay in Laurel Terrace for the rest of their lives. She noted that CHRM C's land use attorney has met with some condo-owners interested in selling their units.

Myriam Muller asked what the boundaries were within which CHRM C was interested in purchasing property. Ms. Benfield responded that CHRM C would be willing to purchase property in the area bounded by NE 45th, 45th Ave NE, 44th Ave NE and 50th Ave NE, as well as in Laurel Terrace. This willingness is based on the expressed concerns by neighbors over our future development and to support the need for faculty and staff housing.

Ms. Barrett asked if CHRM C was interested in purchasing property in Springbrook Professional Center. Ms. Benfield stated that they were.

Doug Hanafin asked whether CHRM C had considered the ramifications for the neighborhood if CHRM C were to rent out these purchased houses to faculty and staff for short term use. Ms. Benfield stated that CHRM C wants to be a good neighbor. In this case, that would mean being a good neighbor with residential properties. We would like to lease these properties to faculty and staff.

Kim Dales stated that one of her friends was approached by CHRM C and given an offer for their house above market value and asked for clarification on this. Suzanne Petersen, Vice President for External Affairs and Guest Services responded that that family had contacted CHRM C and that CHRM C paid an amount that was the average of two real estate appraisals ordered for the property.

### **C. Report on the Recent Media Event**

Myriam Muller stated that although Children's has been a good neighbor, there was a media event that took place today which local residents were barred from. She asked Children's to keep such events open to the public because people are very concerned about Children's development plans.

### **D. Further Clarification Concerning the CAC's Latitude in Making Its Recommendations**

Committee members asked what the effect of eliminating the consideration of the LCC alternatives from the EIS review would be. Members specifically asked if the DPD decision not to require that the alternatives be considered precluded the CAC from including them as part of its recommendation. Cheryl Kitchin stated that it was her understanding that if the alternatives were not studied by DPD, they could not be included in the final report.

Steve Sheppard responded that the Committee is free throughout this process to make any recommendations that it feels are relevant concerning any of the alternatives. The CAC is not bound by a list of alternatives and can recommend any number of changes to any of the alternatives. He noted that the same is the case for the Hearing Examiner and the City Council. So long as the EIS backs the impacts of whatever the eventual action is, then the action can generally go forward. Since the EIS will

include a no-action alternative, it would appear that a large number of variations from the full CHRM CAC proposal to the no-action is covered.

## **VI. Additional Public Comments**

**Comments of Lois Jones** – Ms. Jones stated that Laurel Terrace is home to 136 families and has a significantly smaller ecological footprint than the equivalent space used by 136 single family homes in the surrounding neighborhood. She specifically noted that alternative 4 (expansion into Laurel Terrace) would have great negative impacts on the entire community. Children's expansion plans will surely grow beyond their initial plans and Laurel shouldn't be a "sacrificial lamb". It is home to many young families. She encouraged the CAC to request that DPD study the alternative proposals put forward by the LCC.

**Comments of Jeannie Hale, President of the Laurelhurst Community Club** – Ms. Hale stated the the LCC is interested in working with CHRM CAC to reach agreements concerning an alternative that would meet everyone's needs. She then urged the CAC to ask DPD to reconsider their refusal to study LCC's alternative proposals. She stated that eighty less feet of height is not sufficient a mitigation and 160' is a much higher height than is allowed for other major institutions located in other residential settings. She thanked the CAC for its work.

**Comments of Mollie Shepard** – Ms. Shepard reiterated the previous comments about Children's media event earlier that day. She said it gave the impression to the City that the plan presented by Children's was already approved, but more consideration needs to be given to the neighbors' feelings.

**Comments of Heather Luke - Laurelcrest Condominiums** - Ms. Luke stated it is not realistic for Children's to be "good neighbors" in the long term because their proposal does not explore their inevitable need to expand again in the future. She asked what alternatives they have considered for expansion on a new site, perhaps on the Eastside.

**Comments of Eileen Gray-Cady** – Ms. Gray-Cady stated that she has been a resident of Laurel Terrace for almost 40 years and that she felt the hospital doesn't care about the neighbors so they need to fight for themselves. The proposed expansion is too big for the area, although she appreciates the services they provide. She noted that while she will be able to continue living at Laurel Terrace, but with an increase in traffic, "would I ever be able to get out?"

**Comments of an Undisclosed Person** – The commenter stated that he was a property owner, stated that there is a sewer line under 45<sup>th</sup> that backed up into the apartments. He asked if Children's plan includes a sewage treatment plan for this "monster hospital".

**Comments of Cathy Miners** – Ms. Miners stated that she is a Laurel Terrace resident, and wondered if the representatives from Children's can understand how it feels to have their home taken over by a hospital. Laurel Terrace is a vibrant community with good neighbors that have allowed the hospital to connect to their sewage hook-up. It is awful to be treated this way in response.

**Comments of Joe Bramwell** – Ms. Bramwell stated that CHRM CAC may have reduced the proposed height, but that this is at the expense of possible elimination of the 136 homes in Laurel Terrace. It also doesn't eliminate traffic and other impacts. She asked why CHRM CAC does not come up with a plan that is not in Laurelhurst. She noted that so long as all of the development proposed is included it is just moving little square blocks around within a sand box.

**Comments of Mike Sherman** Laurel Terrace resident, asked the architect to create a Powerpoint presentation that would show how territorial views would be affected by the expansion.



**Comments of John Richland** – Mr. Richland stated that he lived in Wedgwood and commented that Children's believes that good health care for children can only occur at Children's Hospital and they probably won't move to another location. He pointed out that it is significant that the CAC's first substantive act was denied by DPD.

**Comments of an Undisclosed Person** – The commenter stated that she was a resident of Well Crests Apartments said if construction should really last ten years "someone should just shoot me now".

**Comments of Michael Pearlman** – Mr. Pearlman noted that the new Emergency Department is being built on an existing building and that this must double or triple the construction costs. He suggested they would save money by building a new building on a different site.

**Comments of Tori Gregg** - Tori Gregg of Laurelcrest Condominiums, commented that the CAC will get an idea of the size of the proposed new buildings when on their walking tour.

**Comments of Krista Austen** – Ms. Austen noted that she was a resident of Laurelcrest Condominiums, and pointed out that the building built on the Hartmann site would erase her Mt. Rainier view and her property value would plummet. She said she is in a lower income bracket.

**Comments of Carol Eychaner** – Ms. Eychaner asserted that the CAC should push hard now to make modifications to the alternatives. Regarding access, alternatives should show growth of traffic. Regarding Children's purchase of surrounding properties, she said this creates land use instability in the neighborhood.

## **VII. CAC Re-endorsement of inclusion of the LCC alternatives in the EIS.**

Cherly Kitchin Moved that:

*The CHRM CAC formally write to the City of Seattle Department of Planning and Development requesting reconsideration of the inclusion of the lower-scale Laurelhurst Community Club alternatives in the EIS, and inclusion and evaluation of fewer than three entrances under all alternatives.*

Ms. Kitchin noted that she was especially concerned that none of the alternatives included elimination of the proposed new entrances. And that she had heard a great deal of concern over this issue in the community. Discussion followed.

Karen Wolf stated that it was her understanding that this would essentially: 1) restate the CHRM CAC's previous support for inclusion of the LCC alternatives in the EIS; 2) formally request reconsideration of DPD's decision not to do so; and 3) specifically include study of fewer entrance locations. It was agreed that this was the intent of the motion.

Scott Ringgold of DPD stated that the alternative proposals are largely massing alternatives only and that traffic studies for one, two and three entrances will be included in the EIS as permutations under each alternative. Ms. Benfield reiterated that Children's will study one, two and three entrance alternatives.

A woman in the audience stated that a traffic stoplight should be included in this discussion.

Theresa Doherty noted that DPD already gave an opinion on the LCC alternatives and she wondered if this request by the CAC might be a waste of time, but that she will still vote affirmatively.

Dr. Gina Trask suggested the CAC split the motion into two separate motions: 1) The CHRM CAC write a letter to the City of Seattle Department of Planning and Development requesting reconsideration of the

inclusion of the lower-scale Laurelhurst Community Club alternatives in the EIS and 2) that the EIS evaluate fewer than three entrances. The original motion remained unchanged

Cheryl Kitchin moved the question. The Chair asked for a show of hands. Mr. Sheppard counted the votes as follows:

12 in Favor  
None Opposed  
None Abstaining. (Later amended to one abstention)

The motion therefore passed.

Mr. Sheppard asked for a second show of hands for anyone either opposed or abstaining. The unanimous vote was re-confirmed.

**VIII. Adjournment.**

No further business being before the Committee, the meeting adjourned at 8:50pm.